



## Kentucky Board Of Chiropractic Examiners

P.O. Box 1360, Frankfort, Kentucky 40602 – 500 Mero Street, Frankfort,  
Kentucky 40601

Phone: (502) 892-4250; Fax (502) 564-4818; <http://kbce.ky.gov>

### Application for Chiropractic Peer Reviewer

#### INSTRUCTIONS

Kentucky law and regulations require that specific qualifications be met in order to certify as a chiropractic Peer Reviewer. Please answer all questions completely and correctly to the best of your knowledge, sign, submit required documentation and mail to the Administrator of the Board.

Application must be accompanied by an application-certification fee of \$50. Make check, cashier's check, or money order payable to the Kentucky State Treasurer.

Renewal fees are due on or before the first day of June each year. Failure to properly renew automatically results in your peer reviewer license being delinquent and subject to revocation.

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Phone Number: \_\_\_\_\_

Print your name as you wish it to appear on your certificate:

\_\_\_\_\_

Are you in good standing with the Kentucky Board of Chiropractic Examiners: Yes No  
If no, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you in active practice in the State of Kentucky? Yes No  
If no, explain in detail: \_\_\_\_\_

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\_\_\_\_\_

Through what college or university certified by the Council on Chiropractic Education did you complete the required 100 hours in utilization review and independent medical examination to qualify to perform chiropractic peer review?

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Please submit your certificate of completion as proof with this application (THIS IS MANDATORY).

Have you had, do you currently have or is there any litigation pending relevant to your license to practice chiropractic? Yes No

If yes, explain in detail:

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I declare under penalties of perjury that the information contained in this application is true and accurate.

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Signature

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Date